U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 15069

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	Paul	Loduca	Name	MLBPA	
			Labor Oi	ganization File Number	064-727
P.O. Bo	ox, Bldg., Room No.,	, if any	P.O. Box	k, Building and Room Nur	mber, if any
Street	c/o W&G,	1200 Tices Lane	Street	12 East 49th	Street
City	East Bruns	swick	City	New York	
State	NJ	ZIP Code + 4 08816	State	NY	ZIP Code + 4 10017
5. Positio	on in labor organizat	ion. Union Player Representa	ative		
Fnte	r appropriate data h	elow If, during the past fiscal year, you or your spo	use or minor	child directly or indirectly	y had any of the following interests
	- appropriate data b	(except as specified in the exclu			,
		aged in transactions (including loans) with, or employer whose employees your organizati			
6. Name	and address of Emp	oloyer (including trade name, if any).	7.a. Nature	e of Interest, Transaction,	or Income.
Name					
Trade N	Name, if any:				
P.O. Bo	ox, Bldg., Room No.	, if any		12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			7.b. Amou	nt.	
Street					
City					
State		ZIP Code + 4			
\		Sigr	nature		
submit	tted in this report (in- signed's knowledge	ation. The undersigned declares, under penalty of cluding the information contained in any accompany and belief, true, correct, and complete. (See the se	ying documer	nts), has been examined t	by the signatory and is, to the best of the
Signé	, hu	Pholesw	On _}	2/10/05	
				Date	Telephone Number
Form LM-	30 (2003)				Page 1 of 2

Name of Person Filing Paul Loduca	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Nike USA, Inc.	X a. Labor Organization b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any				
Street One Bowerman Drive				
City Beaverton				
State OR ZIP Code + 4 97005				
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.			
Name	MLBPA Licensee			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$108.269.11			
City	11.b. Approximate dollar value of such dealing. \$108,269.11  12.a. Nature of interest held or income received.			
State ZIP Code + 4	Payment for Product Endorsement			
	12.b. Amount. \$3,193.55			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Coce + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment			

Name of Person Filin	Paul Loduca	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address	s of Business (including trade name, if any).	9. Business deals with:			
Name Upper Trade Name, if any:	Deck Company	X a. Labor Organization			
P.O. Box, Bldg., Room No., if any Street 5909 Sea Otter Place		b. Trust c. Employer			
City Carl	sbad				
State CA	ZIP Code + 4 92008				
	hecked give trust or employer s name.	11.a. Nature of such dealing.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		MLBPA I icensee	MLBPA I icensee		
Street		11.b. Approximate dollar value of such dealing.	\$4,061,574.03		
City		12.a. Nature of interest held or income received.	·		
State	ZIP Code + 4				
		Baseball Card Signin	g		
		12.b. Amount.	\$10,100		
	any employer (other than an employer covere lations consultant to an employer any payment of				
13.a. Name and addr (including trade)	ess of Employer or Labor Relations Consultant name, if any).	14.a. Nature of payment.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Roo	om No., if any				
Street					
City					
State	ZIP Code + 4				

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

B. Held an interest in or derived income or economic banefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). Donruss Playoff, LP Name X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 2300 E. Randol Mill Road Arlington City State ZIP Code + 4 76011 ТX 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Name MLBPA Licensee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$5,750,369.64 City 12.a. Nature of interest he d or income received. ZIP Code + 4 State Payment for Autographing Baseball Cards \$13,000 12.b. Amount.

13.a. Name and address of Employer o	r Labor Relations Consultant	14.a. Nature of payment.	
, ,			
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment	

Name of Person Filing Paul Loduca	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name The Topps Company, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Whitehall Street  City New York  State NY ZIP Code + 4 10004-2109  10. If 9.b. or 9.c. is checked give trust or employer's name  Name	9. Business deals with:  X a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.  MLBPA Licensee		
Trade Name, if any: P.O. Box, Bldg., Room No., if any	THIST BECOME		
Street	11.b. Approximate dollar value of such dealing.	\$4,832,269.48	
City	12.a. Nature of interest held or income receive	d.	
State ZIP Code + 4	Baseball Card Endorsemen	t Income	
	12.b. Amount.	\$575	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

## PAUL LODUCA

## LM 30

## <u>ADDENDUM</u>

In 2004, I received endorsement income from four (4) businesses that, insofar as I know, do not do business with the MLBPA, but may do business with one or more Major League Baseball Clubs and/or with Major League Baseball. I do not know whether any of these businesses have such extensive commercial dealings with the Clubs and/or with Major League Baseball that those commercial dealings represent a "substantial part" of their overall business operations. Accordingly, in a good faith effort to fully meet (and perhaps go beyond) my reporting obligation, I am stating below the amount of endorsement income I received from each of these businesses in 2004:

Franklin Sports, Inc.	\$13,000
Baseball Television, Inc.	\$792
Rawlings Sporting Goods	\$23,044
JL Sports	\$6,000